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CONFIRMATION NO. 3513

<b>SERIAL NUMBER</b> 10/637,713	<b>FILING OR 371(c) DATE</b> 08/08/2003 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 021629-000340US
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**APPLICANTS**

Steve Landreville, Mountain View, CA;  
 Bernard Andreas, Redwood City, CA;  
 Sunmi Chew, San Jose, CA;  
 Pablo Acosta, Newark, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CIP of 10/412,714 04/10/2003 PAT 7,137,993  
 which is a CIP of 10/306,813 11/27/2002  
 which claims benefit of 60/336,967 12/03/2001  
 and claims benefit of 60/364,389 03/13/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 11/07/2003**

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 58	<b>INDEPENDENT CLAIMS</b> 5
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

**ADDRESS**  
 20350

**TITLE**

Apparatus and methods for deployment of vascular prostheses

<b>FILING FEE RECEIVED</b> 878	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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